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| --- | --- |
|  | **Arts on Prescription Referral Form** |
| **Date of Referral:** | **Referral via:** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Gender: |  |
| Full Address: |  | PAMS Complete | Yes No |
|  |  | NHS.NO |  |
| Tel: |  | First Language |  |
| GP Name: |  | Ethnicity |  |
| GP Practice: |  | D.O.B. |  |
| Lives with? |  | N.I. No. |  |
| Email |  |  |  |

|  |  |  |
| --- | --- | --- |
| Examples of the kind of issues that would create a referral. | Social Isolation  ?  Depression/ Anxiety  Volunteering  Medical Issues  Mental Health Issues  Self-esteem/ confidence | Training  Education  Financial Issues  Housing  Children & Young People Services  Other |
| One to One Support, Managing Health care and social needs together, utilising community VCF assets | **Brief Reason for Referral** | |
|  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **Next of Kin or Emergency contact:** | | | | |
| Full Name: | |  | | | | |
| Full Address: | |  | | | | |
| Tel: | |  | | | | |
| Relationship: | |  | | | | |
|  | | **Referrer’s/ Contact’s Details** | | | | |
| Name: | |  | | Team/Agency: | |  |
| Tel No. | |  | | Email: | |  |
| **Additional Information** | | | | | | |
| **Is it safe for a staff member to visit alone? Yes**  **No**  **If no, please state why -**  **Is there a risk of infection? Yes**  **No**  **If yes, please specify -**  **Please include any additional information relevant to this referral EG: behavioural / mental health issues:** | | | | | | |
| **If you Require Feedback Please Provide Contact Details Below** | | | | | | |
| Name |  | | Email: | |  | |
| **Consent**  Pendle Leisure Trust is registered with the Information Commissioner & complies with the Data Protection Act 1998 and GDPR (May 2018) amendments. Reg No: PZ5841488.    The Legal Basis for collection of the above Personal Data is: Legitimate Interest. | | | | | | |